

61
Customer No. 24133
Patterson, Thunte, Skaar & Christensen, P.A.
4800 IDS Center
80 South 8th Street
Minneapolis, Minnesota 55402-2100
Telephone: (612) 349-5740
Facsimile: (612) 349-9266

Attorney Docket No. 2394.02US02

REQUEST FOR CONTINUED EXAMINATION
(RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 09/650,626, filed August 30, 2000 for: COMPUTERIZED MACHINE CONTROLLER DIAGNOSTIC SYSTEM, by: Dennis Wilson, Brian Deviley.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- ☐ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on _____ in said prior application.
- ☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on _____
- ☐ Other _____
- b. ☒ Enclosed
- ☒ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☐ Other _____

2. ☒ The filing fee is calculated below:

| | Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra (Equals) | Small Entity Rate | Add'l Fee | OR | Large Entity Rate | Add'l Fee |
|------------|----------------------------------|---------------------------------|------------------------|-------------------|-----------|----|-------------------|-----------|
| Total | 57 | - 57 | = 0 | x 9 | \$ | | x 18 | \$ |
| Indep. | 6 | - 6 | = 0 | x 43 | \$ | | x 86 | \$ |
| RCE fee | | | | + 385 | \$ | | + 770 | \$ |
| Mult. Dep. | | | = | + 145 | \$ | | + 290 | \$ |
| TOTAL | | | | | \$385 | OR | TOTAL | \$ |

☐ First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

RCE/2003
A

RECEIVED
DEC 31 2003
TECHNOLOGY CENTER 2800

12/23/2003 09:50:26 09650626

385.00 DP

01 FC:2801

3. [X] A check in the amount of \$860.00 is enclosed (The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed) for the RCE fee and three (3) month extension of time. The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 16-0631.

Respectfully submitted,



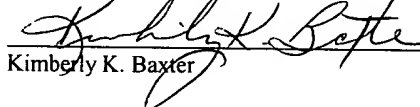
Kimberly K. Baxter
Registration No. 40,504

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

December 19, 2003
Date of Deposit


Kimberly K. Baxter